

# Parks and Recreation Medication Administration Form

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication Name/Generic Name of Drug:

\_\_\_\_\_

## Specific Instructions for Medication Administration

Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_

Medication shall be administered: \_\_\_\_\_

Relevant Side Effects of Medication, if any \_\_\_\_\_

## Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Parent/Guardian Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

## Office use only

Printed name of individual receiving written authorization and medication:

\_\_\_\_\_ Date: \_\_\_\_\_

Job Title \_\_\_\_\_